

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day		Inspection Type		Inspector		Fac Type	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		T	N	0	0	0	4	9	8	7		13	2	12			S	S	2
Remarks																			
<div> <div>21</div> <div>Inspection Work Days</div> </div> <div> <div>67</div> <div>Facility Self-Monitoring Evaluation Rating</div> </div> <div> <div>70</div> <div>BI</div> </div> <div> <div>71</div> <div>QA</div> </div> <div> <div>72</div> <div>Reserved</div> </div> <div> <div>73</div> <div></div> </div> <div> <div>74</div> <div></div> </div> <div> <div>75</div> <div></div> </div> <div> <div>76</div> <div></div> </div> <div> <div>77</div> <div></div> </div> <div> <div>78</div> <div></div> </div> <div> <div>79</div> <div></div> </div> <div> <div>80</div> <div></div> </div>																			

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)		Entry Time/Date 11:30 / 2/12/13	Permit Effective Date 8/3/2014
Aggregates U.S.A., LLC Forks of The River Limestone Quarry TN0004987		Exit Time/Date 3:50 / 2/12/13	Permit Expiration Date 8/3/3014
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Steve Crooks, Superintendent 865-573-4501		Other Facility Data (e.g., SIC NAICS, and other descriptive information) Quarry site active, No discharging, waste water pumped into inactive quarry pit that does not discharge	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Bill Niketas, Senior Vice President/Chief Financial Officer 205-777-6340		Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input checked="" type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Compliance Schedules	<input checked="" type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input checked="" type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks 	DWR-SM 865-594-5548	2-12-13
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date